



Guest Editorial

By Dympna Cunnane

This edition of *The Bridge* is dedicated to the plight of children of parents with mental illness (COPMIs).

Currently, these vulnerable young people are not considered in any policy or mental health provision in the UK.

Most developed countries recognise the children of parents with a mental illness as an at-risk group, who benefit from early intervention to prevent them continuing the intergenerational cycle of mental illness. In the UK, young people cannot get help until they themselves become ill. This is both financially stupid and ethically questionable.

As many as 3.7 million children¹ in the UK live with and sometimes care for a parent with a mental illness. It is estimated that without intervention, 70% risk developing a mental illness themselves by the time they reach adulthood².

COPMI are not protected by the Care Act because they typically do not want to be identified and rarely reveal their home situation to professionals. They have specific needs which are different from carers who look after a parent with a physical illness.

Young people who have caring responsibilities may be targeted for support and offered counselling. However, this is often not welcome or helpful to those who care for a parent with a mental illness because they resent the implication that they are the problem. They fear that being offered counselling indicates the beginning of their own treatment journey, the slippery slope which they have witnessed in their parents.

Many also fear that confiding in a professional will bring interventions that endanger the family. Often, they do not trust the services because they have had experiences which have damaged that trust.

The conference *Parental Mental Illness and its impacts* is designed to bring together clinicians who treat adult patients and professionals who provide services for children and young people.

Up to now, it seems that mental health professionals who treat adults with mental illness have paid scant attention to their patients' children. We want to change this way of thinking and move towards an approach which recognises and supports the whole family. This would mean clinicians routinely recording the existence of COPMI and making provision for their welfare through a care pathway.

Routine identification of COPMI in adult mental health services will provide necessary information about the children, their family situation and needs, and hence form the basis for provision of family support and professional collaboration across services.

Having a parent with a mental health problem is one of the biggest risk factors for a first episode of major depressive disorder in children and adolescents³. Yet, this is not inevitable. Research suggests intervention can enhance parenting skills in households affected by parental depression and change the way children cope. In turn, this can reduce the risk of children internalising problems that might threaten their life chances⁴.

Our Time charity has developed interventions that aim to address the needs of the parents and their children and we have seen impressive changes in family functioning and the children's self-confidence and wellbeing.

We hope the findings in this edition of *The Bridge* encourage clinicians across the board to Think Family.

Helping young people affected by
parental mental illness

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References

¹ *Childhood Vulnerability in England: Children's Commissioner Report July 2018.*

² Rubovits PC. (1996). *Project CHILD: an intervention programme for psychotic mothers and their children. In Parental Psychiatric Disorder: Distressed Parents and their Families* (ed. M. Gopfert, J. Webster and M. V. Seeman), pp. 161–169. Cambridge University Press: Cambridge, England.

³ Goodman SH, Rouse MH, Connell AM, Broth MR, Hall CM, and Heyward D. (2011) *Maternal depression and child psychopathology: a meta-analytic review. Clinical Child and Family Psychology Review* 14(1), 1-27. doi:10.1007/s10567-010-0080-1.

⁴ Bresland NL, Parent J, Forehand R, Peisch V, and Compas, BE. (2017). *Children of parents with a history of depression: The impact of A preventative intervention on youth social problems through reductions in internalising problems. Development and Psychopathology.* doi: 10.1017/S0954579417001821.

About the Author

Dympna has a BA (University College Dublin) in Psychology and Philosophy, an MA in Psychology (Tavistock Institute London) and a Postgraduate Diploma in Systems Thinking, as well as professional training in psychoanalysis (Jungian). She has worked as an organisation development specialist in large organisations, and has over twenty years' experience of working as a consultant to top level executives in international, public and private sector companies. Dympna is interested in mental wellbeing in its broadest sense, having trained and worked in therapeutic settings, as well as in applying her knowledge to the world of work and workplaces. She believes that the mind is our most powerful resource, and as such, determines much of our life experience.